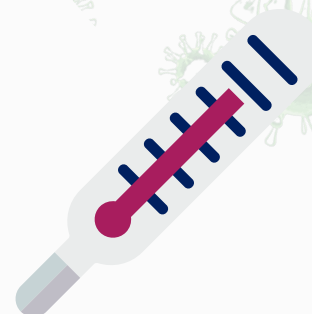


COVID-19 SYMPTOM SCREENING TOOL

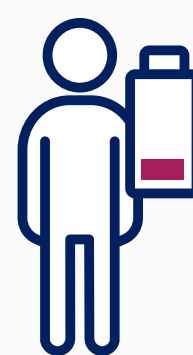
DO YOU HAVE ANY OF THESE SYMPTOMS THAT ARE NOT CAUSED BY ANOTHER CONDITION?



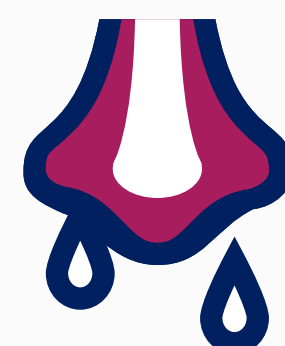
FEVER OR
CHILLS?



COUGH?



FATIGUE?



CONGESTION?



MUSCLE OR
BODY ACHES?



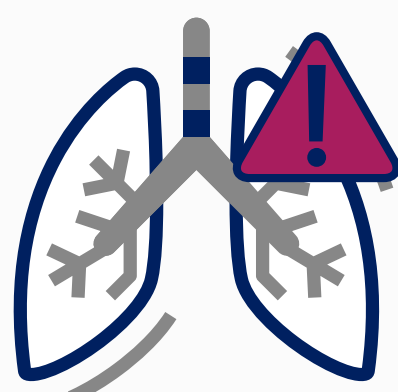
HEADACHE?



RECENT LOSS
OF TASTE
OR SMELL?



SORE THROAT?



SHORTNESS OF BREATH OR
DIFFICULTY BREATHING?



NAUSEA, VOMITING, DIARRHEA?

IF YOU'RE NOT FULLY VACCINATED, HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE WITH COVID-19 IN THE LAST 14 DAYS? CLOSE CONTACT IS BEING WITHIN 6 FT. FOR 15 MINUTES OR MORE OVER A 24-HOUR PERIOD WITH A PERSON, HAVING DIRECT CONTACT WITH FLUIDS FROM A PERSON WITH COVID-19 WITH OR WITHOUT WEARING A MASK (IE: BEING COUGHED ON)

HAVE YOU TESTED POSITIVE FOR COVID-19 IN THE PAST 10 DAYS?
ARE YOU WAITING FOR RESULTS OF A COVID-19 TEST?

WITHIN THE PAST 14 DAYS, HAS A PUBLIC HEALTH OR MEDICAL PROFESSIONAL TOLD YOU TO SELF-MONITOR, SELF-ISOLATE, OR SELF-QUARANTINE BECAUSE OF CONCERNS WITH THE COVID-19 INFECTION?

CAN YOU ANSWER YES TO ANY OF THESE QUESTIONS?
PLEASE STAY HOME.